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ABSTRACT

This brief presents an overview of the well-being of children within the child welfare system using data from the 1997 and 1999 National Survey of America's Families. Both surveys included economic, health, and social characteristics of more over 44,000 households. This analysis used information on children under 18 years of age. Researchers examined a cross-section of children placed by the child welfare system with nonrelative foster parents or in a relative's home. Overall, many of these children were not faring well emotionally, behaviorally, educationally, or physically. About 27 percent showed high levels of behavioral and emotional problems, 39 percent displayed low school engagement, and 28 percent had physical, learning, or mental health conditions that limited their activities. On each measure, children living with parents were doing significantly better. Children living in single-parent, low-income families had better well-being than children in child welfare. Nearly one-third of children with high levels of behavioral and emotional problems had not received mental health services, 16 percent were not covered by health insurance at some point in the past year, and 20-40 percent received no preventive health or dental care. (Contains 18 references.) (SM)

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The Well-Being of Children Involved with the Child Welfare System: A National Overview

Katherine Kortenkamp and Jennifer Ehrle

Children in the child welfare system are more likely to have behavioral and emotional problems than children living with their parents, and even children living with a low-income single parent.

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Most children involved with the child welfare system have experienced abuse or neglect and separation from a parent. These traumatic experiences can lead to a variety of behavioral and emotional problems including severe attachment disorders (Hughes 1999; Bowlby 1973, 1980). Additionally, many children in the child welfare system not only come from but are placed in high-risk home environments characterized by poverty, instability, and parents or caregivers with poor psychological well-being (Pilowsky 1995; Ehrle and Geen 2002; Ehrle, Geen, and Clark 2001). These factors can also contribute to a greater likelihood of poor child well-being, further compromising the healthy development of an already vulnerable group of children (Duncan and Brooks-Gunn 2000; McLloyd 1998).

Children with poor psychological or physical well-being present challenges to child welfare agencies. These children have more service needs and are in greater need of caseworker attention and time. Ever-increasing caseloads make these needs difficult to meet. Foster parents and relative caregivers require services and caseworker time to deal with the challenges of parenting troubled children. In addition, since the Adoption and Safe Families Act of 1997, the increase in termination of parental rights has created the potential for more adoptions of children involved with child welfare. Unfortunately, these children's problems are not likely to disappear once they are adopted. There is a great need for postadoptive services to help both children and parents deal with the potentially lifelong effects of abuse, neglect, and separation (Barth, Gibbs, and Siebenaler 2001).

A number of studies have documented the well-being of children involved with child welfare services. Repeatedly it has been shown that many of these children suffer from psychological, health, and educational deficits or delays (Zima et al. 2000; Chernoff et al. 1994; Pilowsky 1995). When comparing them with children not in foster care on these measures of well-being, researchers have found that foster children have more difficulties (Bilaver et al. 1999; Hulsey and White 1989; Blome 1997). However, most of these studies were limited to small samples of children from a single agency or state (Orme and Buehler 2001).

This brief presents the first national overview of the well-being of children involved with the child welfare system.[1] Findings are based on data from the 1997 and 1999 National Survey of America's Families (NSAF), a nationally representative survey of households with persons under age 65.[2] Both rounds of the survey include measures of economic, health, and social characteristics of more than 44,000 households. This analysis uses information from the sample of children under age 18. Information was obtained from the adult in the household, either the parent or caregiver, most knowledgeable about the child's education and health.

We look at children involved with the child welfare system who are either living with nonrelative foster parents or placed by a child welfare agency in the home of a relative.[3] Those children living with rela-

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tives may or may not be in state custody, and the relatives may or may not be foster parents. In this group of children, 31 percent are living with nonrelative foster parents and 69 percent are living with relatives. The children are evenly distributed between the ages of 0 and 17, with 30 percent under age 6, 35 percent between ages 6 and 11, and 34 percent over age 11. Forty-seven percent are black, non-Hispanic, 35 percent are white, non-Hispanic, 14 percent are Hispanic, and 4 percent are of another ethnicity. About half of the children are female (51 percent).[4]

To give a point of reference on the measures of well-being, we make comparisons between the child-welfare-involved children in this sample and all children living with biological, adoptive, or stepparents. To create a similar reference group of at-risk children, we also make comparisons with a subsample of children living in single parent, low-income (income less than 200 percent of the federal poverty level) families. These are children who live in higher risk family structure arrangements and economic situations but who continue to live with a parent and have not necessarily experienced abuse or neglect. We call this group high-risk parent care. Some children in the child welfare system have the same risks as the children in high-risk parent care. About two-fifths of child-welfare-involved children (41 percent) live with single caregivers in low-income families.

We assess children involved with child welfare and compare them with children living in parent and high-risk parent care on four domains of well-being : (1) behavioral and emotional problems, (2) school and activity experiences, (3) health and health care, and (4) caregiver well-being and interactions.

Findings

Behavioral and Emotional Problems

Many children involved with the child welfare system have emotional and behavioral problems. We measured this construct in three ways. First, we used a six-item behavioral and emotional problems scale to measure well-being.[5] Twenty-seven percent of 6- to 17-year-olds involved with child welfare have high levels of emotional and behavioral problems (see table 1). We also looked at behavior problems at school and found that, of child-welfare-involved children age 12 to 17, 32 percent have been suspended or expelled from school and 17 percent skipped school in the past year. Finally, service receipt gives an indirect indication of emotional and behavioral problems. In the past year, one quarter of children in child welfare received mental health services.

Children in the child welfare system are more likely to have behavioral and emotional problems compared with all children in parent care and even compared with children living in high-risk parent care. Compared with children in parent care, children placed with foster parents or relatives are more likely to have high levels

TABLE 1. Behavioral and Emotional Problems of Children Involved with Child Welfare

	Children Involved with Child Welfare (sample size = 819) (%)	Children in Parent Care (sample size = 67,885) (%)	Children in High-Risk Parent Care (sample size = 12,744) (%)
Child has high levels of behavioral and emotional problems (ages 6–17)	27	7**	13**
Child was suspended or expelled from school in past year (ages 12–17)	32	13**	26
Child skipped school in past year (ages 12–17)	17	16	26*
Child received mental health services in past year (ages 3–17)	25	6**	9**
Child has high levels of behavioral and emotional problems and received no mental health services (ages 6–17)	32	66**	66**

Source: Urban Institute calculations from the 1997 and 1999 National Survey of America's Families.
Note: Reported sample sizes are for all children ages 0-17. Sample sizes vary depending on age of children selected for each analysis. All children were selected unless noted otherwise. Based on t-tests, statistically significant differences between the parent care groups and the child welfare group estimates are denoted as: * = $p < .05$ and ** = $p < .01$.

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of behavior problems, to have been suspended or expelled from school, and to have received mental health services. Compared with children living in high-risk parent care, child-welfare-involved children are more likely to have high levels of emotional and behavioral problems and to have received mental health services. However, children involved with child welfare are less likely than children living with a single parent in a low-income household to have skipped school in the past year.

Some indication exists that children involved with the child welfare system are more likely than other children to have their emotional and behavioral needs addressed. Children in child welfare with high levels of behavior problems are more likely to have received mental health services than children in parent care. Thirty-two percent of child-welfare-involved children with high levels of behavioral problems have not received mental health services. While this percentage is high, twice as many children (66 percent) with high levels of behavioral problems in both parent and high-risk parent care have not received services.

School and Activity Experiences

A large percentage of children involved with child welfare have low school engagement and are not involved with extracurricular activities. Of 6- to 17-year-old children living in child welfare arrangements, 39 percent had low levels of engagement in school as measured by a four-item scale (see table 2).[6] Twenty-eight percent were not involved in any activities outside of school, such as sports, clubs, or lessons. Only 3 percent of child-welfare-involved children were reported to be in special education; however, this may be an undercount.[7]

The school and activity experiences of children in the child welfare system are more similar to those children in high-risk parent care than to children in parent care. Children involved with child welfare are less likely to be engaged in school and involved in activities and more likely to be in special education compared with children living with their parents. Compared with children in high-risk parent care, children placed with foster parents or relatives are less likely to be engaged in school. On the other measures of school and activity experiences, the child welfare group looks very much like the high-risk parent care group.

Health and Health Care

A significant number of children involved with the child welfare system face problems concerning health status, health insurance coverage, or receipt of health care. Of children placed with relatives and foster parents, 28 percent have a physical, learning, or mental health condition that limits their activities, and 10 percent are in fair or poor health (see table 3). Although all of these children are eligible to receive Medicaid, 16 percent have been uninsured at some time in the past year. Only 7 percent of child-welfare-involved children have no usual source of care or their usual source is the hospital emergency room; however, far more have not received preventive care. Twenty-seven percent of 0- to 5-year-olds, 21 percent of 6- to 11-year-olds, and 40 percent of 12- to 17-year-olds received no well-child health care in the past year. In addition, 37 percent of 3- to

TABLE 2. School and Activity Experiences of Children Involved with Child Welfare

	Children involved with Child Welfare (sample size = 819) (%)	Children in Parent Care (sample size = 67,865) (%)	Children in High-Risk Parent Care (sample size = 12,744) (%)
Child has low levels of engagement in school (ages 6–17)	39	20**	29*
Child is in special education (ages 6–17)	3	0*	1
Child is not involved in extracurricular activities (ages 6–17)	28	17*	30

Source: Urban Institute calculations from the 1997 and 1999 National Survey of America's Families.

Note: Reported sample sizes are for all children ages 0–17. Sample sizes vary depending on age of children selected for each analysis. All children were selected unless noted otherwise. Based on t-tests, statistically significant differences between the parent care groups and the child welfare group estimates are denoted as: * = $p < .05$ and ** = $p < .01$.

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17-year-olds did not visit the dentist in the past year.

Children in the child welfare system are more likely to have health problems than are those living with parents, but they are also equally or more likely to have health insurance or receive health care. Children involved with child welfare are more likely to have a limiting condition and to be in fair or poor health compared with children in parent care. These two groups do not differ on the percentage uninsured or who have no usual health care source. On most measures of preventive medical and dental care the groups are the same as well. However, 6- to 11-year-olds are more likely to have received well-child care in the past year if they are involved with child welfare than if they are living with parents.

When comparing child-welfare-involved children with children in high-risk parent care, the story shifts slightly. Children placed with foster parents or relatives are still more likely than those in high-risk parent care to have a limiting condition, but they are less likely to be experiencing health insurance and access problems. Children living in single-parent, low-income families are more likely to be uninsured and to have no usual source of health care compared with children in child welfare. Six- to 11-year-olds in high-risk parent care are almost twice as likely not to have received preventive health care. For the other age groups, there are no differences on measures of preventive care.

Many children placed with foster parents and relatives are living with caregivers who report symptoms of poor mental health and high levels of aggravation and who, according to two indicators, may provide little stimulation for young children.

Caregiver Well-Being and Interactions

The negative effects on children's well-being that arise from experiencing abuse and neglect, being separated from a parent, and possibly growing up in poverty can potentially be moderated by a nurturing home environment and positive interactions with caregivers (Duncan and Brooks-Gunn 2000; Fein and Maluccio 1991). Yet NSAF findings suggest that many children placed with foster parents and relatives are living with caregivers who report symptoms of poor mental health and high levels of aggravation and who, according to two indicators, may provide little stimulation for young children. Seventeen percent of children involved with child welfare are living with a caregiver who has symptoms of poor mental health (see table 4).[8] Over a quarter (26 percent) are living with a highly aggravated caregiver.[9] Of children under age 6 involved with the child welfare sys-

TABLE 3. Health and Health Care of Children Involved with Child Welfare

	Children involved with Child Welfare (sample size = 819) (%)	Children in Parent Care (sample size = 67,865) (%)	Children in High-Risk Parent Care (sample size = 12,744) (%)
Child has limiting physical, learning, or mental health condition	28	8**	14**
Child is in poor or fair health	10	4*	9
Child had no health insurance at some time in the past year	16	17	25**
Child has no usual source of health care or usual source is the ER	7	6	11*
Child did not receive well health care in the past year			
Ages 0–5	27	18	17
Ages 6–11	21	43**	38**
Ages 12–17	40	47	44
Child did not visit the dentist in the past year (ages 3–17)	37	28	38

Source: Urban Institute calculations from the 1997 and 1999 National Survey of America's Families.

Note: Reported sample sizes are for all children ages 0–17. Sample sizes vary depending on age of children selected for each analysis. All children were selected unless noted otherwise. Based on t-tests, statistically significant differences between the parent care groups and the child welfare group estimates are denoted as: * = $p < .05$ and ** = $p < .01$.

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TABLE 4. Caregiver Well-Being and Interactions with Children Involved with Child Welfare

	Children Involved with Child Welfare (sample size = 819) (%)	Children in Parent Care (sample size = 67,865) (%)	Children in High-Risk Parent Care (sample size = 12,744) (%)
Child living with caregiver with symptoms of poor mental health	17	16	31**
Child living with caregiver with high levels of aggravation	26	9**	18*
Child read to two or fewer times a week (ages 0–5)	26	21	30
Child taken on outings 2–3 times a month or less (ages 0–5)	24	17	23
Child never saw either birth parent in past year (NSAF 1999)	17	NA	NA

Source: Urban Institute calculations from the 1997 and 1999 National Survey of America's Families.

Note: Reported sample sizes are for all children ages 0–17. Sample sizes vary depending on age of children selected for each analysis. All children were selected unless noted otherwise. Where noted NSAF 1999, only the 1999 survey sample was used. Based on t-tests, statistically significant differences between the parent care groups and the child welfare group estimates are denoted as: * = $p < .05$ and ** = $p < .01$.

tem, 26 percent live with a caregiver who reads to them two or fewer times a week, and 24 percent live with a caregiver who takes them on outings (e.g., park, grocery store, church, playground) two to three times a month or less. In addition, based on questions that were included only in the 1999 NSAF, we know that 17 percent of children placed with foster parents and relatives have not seen either of their birth parents in the past 12 months.

On measures of caregiver well-being and interactions, child-welfare-involved children only differ from children in parent care in their likelihood of living with an aggravated caregiver. Children in child welfare are nearly three times more likely to be living with a highly aggravated caregiver than are children in parent care.[9] On measures of caregiver mental health and child-caregiver interactions, the two groups do not differ.

For comparisons with children living in high-risk parent care, findings are mixed. More children placed in foster or relative care are living with a highly aggravated caregiver than are children in high-risk parent care. However, fewer are living with a caregiver in poor mental health. The two groups do not differ on measures of children's interactions with caregivers.

Discussion

This brief provides the first national survey estimates of the well-being of children involved in child welfare. Many of these children are not faring well emotionally, behaviorally, educationally, or physically. Twenty-seven percent show high levels of behavioral and emotional problems. Thirty-nine percent display low engagement in school. Twenty-eight percent have a physical, learning, or mental health condition that limits their activities. On each of these measures children living with parents are doing significantly better. Furthermore, children living in single parent, low-income families also have better well-being than those in child welfare.

The difficult experiences faced by many children involved with child welfare cannot be overcome easily. One hope is that a nurturing foster or relative placement can provide children a chance to recover. However, about a quarter of children in foster and relative care live with caregivers experiencing high levels of aggravation. Additionally, a quarter of younger children in child welfare are living with caregivers who provide minimal cognitive stimulation. Children in parent and high-risk parent care are less likely than those in child welfare to be living with an aggravated caregiver but equally likely to be receiving minimal cognitive stimulation.

Another hope for children in child welfare is that they will receive needed services to help with difficulties. Yet nearly a third of children with high levels of behavioral and emotional problems have not received mental health services. Sixteen percent were not covered by health insurance at some time in the past year, and 20 to 40 percent (depending on age) received no preventive

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health or dental care. However, these percentages are not higher than those for children living with their parents and in fact are in some cases actually lower. Although their needs are significant, our data suggest that children in the child welfare system are receiving more services for their needs or, at least, are not receiving fewer services than the general population of children.

In sum, the well-being of many children involved with the child welfare system is compromised, their caregivers are often strained, and while these children receive some services, their needs are substantial. The challenges then for child welfare administrators are great: to equip foster homes to care for children with complex needs, to recruit adoptive parents and train them to develop lasting attachments with traumatized children, to ensure caseworkers have sufficient time to assess children and link them to appropriate services, and to make mental health and medical services readily available. These challenges are sizable, and the question for policymakers is whether child welfare agencies have the resources to meet them.

Endnotes

1. The sample is a cross-section of children placed by the child welfare system into foster or relative care. Thus, children with longer stays in the system are overrepresented, and they have perhaps worse well-being than those with shorter stays. Children living in institutional care, who probably have the poorest well-being, are not included in the sample.

2. This study combines data from the 1997 and 1999 rounds of the NSAF in order to have a larger sample size of children involved with child welfare. Before combining the rounds we looked for differences between them on the well-being measures used in this brief. We found very few differences between the rounds and so felt justified in combining them.

3. Many children live with relatives but were not placed there by a child welfare agency. These children living in "private kinship" care are the subject of a separate brief (Billing, Ehrle, and Kortenkamp forthcoming).

4. Compared with the general population of children in parent care, black children are overrepresented in the child-welfare-involved population, whites are underrepresented, and Hispanics and other ethnicities are equally represented. The child-welfare-involved children are similar to children in parent care in terms of age and sex.

5. Caregivers were asked how often during the past month the child didn't get along with other children; couldn't concentrate or pay attention for long; and was unhappy, sad, or depressed. Respondents with 6- to 11- year-olds were also asked how often during the past month the child felt worthless or inferior; was nervous, high-strung, or tense; and acted too young for his or her age. Respondents of 12- to 17- year-olds were also asked how often during the past month the child had trouble sleeping; lied or cheated; and did poorly at schoolwork (Ehrle and Moore 1999).

6. Caregivers were asked how much of the time the child cares about doing well in school, only works on schoolwork when forced to, does just enough schoolwork to get by, and always does homework (Ehrle and Moore 1999).

7. Caregivers were not asked specifically about special education but were asked the grade of the child. If children involved with special eduction were also in a grade, the caregiver may have reported the grade but not the special education involvement.

8. Caregiver mental health was measured using a five-item scale. Respondents were asked how much of the time during the last 30 days they had been a very nervous person, felt calm and peaceful, felt downhearted and blue, been a happy person, and felt so down in the dumps that nothing could cheer them up (Ehrle and Moore 1999).

9. Caregiver aggravation was assessed using a four-item scale. Respondents were asked how often in the last 30 days the child did things that really bothered them a lot, they felt they were giving up more of their lives to meet the child's needs than expected, they were angry with the child, and they felt the child was harder to care for than most (Ehrle and Moore 1999).

10. Because over two-thirds of this sample is in relative care, one might question whether the relative caregivers' levels of aggravation are higher than that of the nonrelative foster parents and therefore driving the child welfare numbers up compared with parent care. However, we compared children living in nonrelative and relative placements and found no significant difference in the number living with an aggravated caregiver.

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This series presents findings from the 1997 and 1999 rounds of the National Survey of America's Families (NSAF). Information on more than 100,000 people was gathered in each round from more than 42,000 households with and without telephones that are representative of the nation as a whole and of 13 selected states (Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin). As in all surveys, the data are subject to sampling variability and other sources of error. Additional information on the NSAF can be obtained at **http://newfederalism.urban.org**.

The NSAF is part of ***Assessing the New Federalism,*** a multiyear project to monitor and assess the devolution of social programs from the federal to the state and local levels. Alan Weil is the project director. The project analyzes changes in income support, social services, and health programs. In collaboration with Child Trends, the project studies child and family well-being.

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